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SANTA FE			1
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			
Operator			

	SANTA FE			FOR ALLOWABLE	•	Supersedes Old C-104 and C-116 Effective 1-1-65		
}	U.S.G.S.			AND	DAL 046	Filective 1-1-03		
}-	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	TRANSPORTER OIL							
	GAS		•					
_ -	OPERATOR	_						
1.	Operator Operator							
	TEXACO Inc.							
	Address D. O. Dom 708 Hobbs Nov. Marriag							
- }	P. O. Box 728 - Hobbs, New Mexico Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well Change in Transporter of: *To show change in Pool name from Wildcat							
	Recompletion Oil Dry Gas to Berry-Morrow, NMOCC Letter April 7,19 Channels Completion Oil Dry Gas Add Phillips Pet Co as Gas Transporter.							
L	Change in Ownership	Casinghead Gas	Conde	nsate Rud Inititips		das IIampoi ter •		
I	f change of ownership give name							
ē	and address of previous owner							
II. <u>1</u>	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease State							
	Berry Unit	•		y-Morrow	t	of Lease State Federal of Fee		
+	Location					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Unit Letter N ; 554 Feet From The South Line and 1821 Feet From The West							
	7	27.9	9	ol. p		Too		
L	Line of Section , To	ownship 21-S	Range	34-Е , ммрм,		Lea Gounty		
III. 1	DESIGNATION OF TRANSPOR	RTER OF OIL AND N	NATURAL GA	AS		·		
	Name of Authorized Transporter of Oi	or Condensa		Address (Give address to whic				
	McWood Corporation (T			2003 Wilco Buildi				
}	Name of Authorized Transporter of Co Llano Inc. Gas	isinghead Gas or I	Ory Gas 🛣	Address (Give address to which approved copy of this form is to be sent) Broadmoor Building - Hobbs, New Mexico				
}-	Phillips Petroleum Co	mpany Unit Sec. T	wp. Rge.	P. O. Box 6666 - Is gas actually connected?	Odessa, To	exas		
	If well produces oil or liquids, give location of tanks.		1-S 34-E	YES	Decembe	er 9, 1964		
I	f this production is commingled w	ith that from any other	lease or pool,	give commingling order numb	er:	*		
	COMPLETION DATA	Oil Well	Gas Well		epen Plugi	Back Same Res'v. Diff. Res'v.		
	Designate Type of Completi		I Gas well	Now well workers		1 1		
-	Date Spudded	Date Compl. Ready to	Prod.	Total Depth	P.B.7	`.D.		
	Pool	Name of Producing Fo	rmation	Top Oil/Gas Pay	,i ubin	g Depth		
-	Perforations			<u> </u>	Depth	Casing Shoe		
-		CASING & TUE		DEPTH SET		SACKS CEMENT		
-	HOLE SIZE	CASING & TUE	SING SIZE	DEFINSE		SACKS CEMENTS.		
ŀ			•			*		
_ L						<u>, , , , , , , , , , , , , , , , , , , </u>		
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)							
ſ	Date First New Oil Run To Tanks	Date of Test	a-	Producing Method (Flow, pump	, gas lift, etc.)			
-		Tubing Pressure		Casing Pressure	Choke	Size		
	Length of Test	Tubing Pressure		Cusing Flessure	,	. 5126		
-	Actual Prod. During Test	Oil-Bbls.	· · · · · · · · · · · · · · · · · · ·	Water-Bbls.	Gas-	MCF		
		•	**************************************					
۲	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravit	ty of Condensate		
Ī	Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure	Choke	Size		
L				1				
VI.	ERTIFICATE OF COMPLIANCE		OIL CONS	ERVATION	COMMISSION			
	the state and for the sales and	hereby certify that the rules and regulations of the Oil Conservation		APPROVED		, 19		
(Commission have been complied	with and that the info	rmation given					
6	above is true and complete to th	e best of my knowled	ge and belief.					
	- 10			TITLE		8		
	911/2			H		nce with RULE 1104.		
` -	Ut Da	Utt Date			If this is a request for allowable for a newly drilled or deepened			
	E. H. Scott (Signal District Accountant)	nature)	• .	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
-		itle)	4.	All sections of this f	orm must be fi	lled out completely for allow-		
	April 9, 1965			able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner,				

(Date)

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.